## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0100004144 1. Entity Name RIKERHAVEN-1:1:C. -

## **FILED** May 29, 2003 8:00 am Secretary of State

05-29-2003 90028 036 \*\*\*\*50.00

DINCHIBA	VEIN, LIE.O.	<del>-</del>	Sie		‡ . <del>-</del>					
Principal Plac	e of Business	Mailing Address			1					
1065 US 1 NORTH ORMOND BEACH FL 32174		46 SOUTH ST. ANDREWS AVE. ORMOND BEACH FL 32174				•				
							ANN ACHI ERIN RI	LHE COLLECTION		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State		·	4. FEI Numb	oer <b>NOT</b>	APPLICAB	<b>'LL</b>	Applied For Not Applicable	
Zip	Country	Country Zip C			5. Certificat	e of Status De	sired [	\$5.00 Ad Fee Requir		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of	New Registe	red Agent		]
PAL	METTO CHARTER SERVICES, INC		Na	me						
150	MAGNOLIA AVE.	-	Str	Street Address (P.O. Box Number is Not Acceptable)						]
DAY	TONA BEACH FL 32114				_					
<u> </u>	en anno en	<b>.</b>	Cit	у		·	ا مداد در	FL Zip Co	de	1
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered offi	ice or register	ed agent, or bo	oth, in the State	of Florida. I	am familiar with	, and accept	
SIGNATURE .	<u>, , , , , , , , , , , , , , , , , , , </u>									
	Signature, typed or printed name of registered agent		TE: Registered Agent		when reinstating)		DA	ATE		1
		FILE N Make Check Payab	OW!!! FEE		nt of State					
`,	्री ४		ie By May 1,		int of State					
" <b>9.</b>	MANAGING MEMBE		10.			ADDIT	IONS/CHAN	GES		ļ
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NAME	BAY, WILLIAM		NAME OTREET ADD							140
STREET ADDRESS CITY-ST-ZIP	46 SOUTH ST. ANDREWS AVE. ORMOND BEACH FL 32174		STREET ADDI CITY-ST-ZIF	(						6
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CITY-ST-ZIP			CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WILLIAM TO SAY TO.

MANAGER, OR AUTHORIZED REPRESENTATIVE

386-846 2024